CALIFORNIA FORM 700 FAIR-POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTRECEI CEI

Please type or print in i	nk.	
NAME OF FILER	(LAST)	(FIRST) BY:(MIDDLE)
	Davis	Mike
1. Office, Agency,	or Court	
Agency Name		
California State	Assembly	
Division, Board, Depart	rtment, District, if applicable	Your Position
48th AD		Assemblymember
► If filing for multiple	positions, list below or on an attachment.	201
Agency:		T-10-4
2. Jurisdiction of	Office (Check at least one box)	
State		☐ Judge (Statewide Jurisdiction)
Multi-County		County of Screen Screen
City of		Other Other
	ent (Check at least one box)	On the State of th
Annual: The peri	od covered is January 1, 2010, through D -	December 31, Leaving Office: Date Left/(Check one)
The period cov 2010.	vered is, through Do	ecember 31, O The period covered is January 1, 2010, through the date of leaving office.
Assuming Office:	Date	The period covered is/, through the date of leaving office.
Candidate: Electi	on Year Office s	sought, if different than Part 1:
4. Schedule Summ	narv	
Check applicable sch	-	► Total number of pages including this cover page:
Schedule A-1 - In	vestments schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - In	vestments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Rea	I Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
	-oi None - No reno	r- utable interests on any schedule
	tund 10000 100 topic	
herein and in any attac	hed schedules is true and complete. I ac	knowledge this is a
	of perjury under the laws of the State	
Date Signed	02-01-2011	Signature
	(month, day, year)	

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Mike Davis

						
► NAME OF SOURCE			NAME OF SOURCE			
Office of the Governor			California Sta	California State Protocol Foundation		
ADDRESS (Business Address Acceptable)			ADDRESS (Busine	ess Address Accepta	ble)	
State Capitol,	Sacramento,	CA 95814				
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIV	ITY, IF ANY, OF SOL	JRCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
01 , 06 , 10	\$21.53	State of the State Lchn	01,06,10	\$35.47	State of the State Lchn	
	\$			\$		
	\$			\$·		
► NAME OF SOURCE			► NAME OF SOURCE	E		
AT&T Californ	ia		California Re	staurant Assoc	iation	
ADDRESS (Busines	s Address Acceptab	(e)	ADDRESS (Busine	ss Address Acceptal	nle)	
1215 K st. 180	0, Sacramento	o, CA 95814	621 Capitol N	1all, 2000, Saci	ramento, CA 95814	
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
02 , 26 , 10	\$300.00	41st NAACP Image A	04 , 27 , 10	\$45.00	Reception at Mix	
	\$	wards' Ticket		\$		
	\$			\$		
► NAME OF SOURCE			► NAME OF SOURC	Ε .		
Entertainment	Software Asso	ciation	John A. Perez for Assembly 2010			
ADDRESS (Business	Address Acceptable	3)	ADDRESS (Business Address Acceptable)			
575 7th st, NW	, 300, Washin	gton, DC 20004	777 South Figueroa St, 4050, Los ngeles, CA 90017			
BUSINESS ACTIVITY	Y, IF ANY, OF SOUF	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
05 , 05 , 10	<u>\$102.96</u>	Dinner	12,06,10	<u>\$110.00</u>	Leather Portfolio	
	\$			\$	<u>, , , , , , , , , , , , , , , , , , , </u>	
	\$			\$		
					,	
Comments:						

SCHEDULE D Income - Gifts

CALIFORNIA FORM	
Name	
Mike Davis	

► NAME OF SOURCE			➤ NAME OF SOURCE		
San Manuel Band of Mission Indians			AES Southland		
ADDRESS (Business Address Acceptable)			ADDRESS (Business Address Acceptable)		
26569 community Center Dr. Highland, CA 92346			690 N. Stude	baker Rd., Lon	g Beach, CA 90803
BUSINESS ACTIVITY, IF ANY, OF SOURCE				TY, IF ANY, OF SOL	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12,06,10 \$ 26.66	Dinner		08 , 18 , 10	\$36.19	Tequila Tasting
\$				\$	· ·
\$				\$	
► NAME OF SOURCE		╗┍	NAME OF SOURCE	E	· · · · · · · · · · · · · · · · · · ·
AT&T Inc.	· · · · · · · · · · · · · · · · · · ·		California Der	mocratic Party	
ADDRESS (Business Address Acceptain	ole)		ADDRESS (Busines	ss Address Acceptab	ile)
1215 K St. 1800, Sacramen		-			nto, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE		BUSINESS ACTIVIT	ry, if any, of sou	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 13 / 10 \$ 39.00	Harold & bell's Restaur		08 , 19 , 10	s 38.52	The Citizen Hotel, Sac
/\$				\$	
				\$	
NAME OF SOURCE	,		NAME OF SOURCE		
CFEE			Universal Music Group		
ADDRESS (Business Address Acceptab	le)	H	ADDRESS (Business Address Acceptable)		
Pier 35, Suite 202, San Francisco, CA 94133			701 8th St, 420, Washington, DC 20001		
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	Ш	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
		11		·	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05,20,10 \$ 103.00	Conference		01 , 31 , 10	_{\$} 410.00	2010 Grammy Awards
\$				\$	
\$				\$	
Comments:					

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	
Name	
Mike Davis	

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

► NAME OF SOURCE	► NAME OF SOURCE			
Office of the Mayor Antonio R. Villaraigosa				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
1400 K St, 208				
CITY AND STATE	CITY AND STATE			
Sacramento, CA 95814				
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)			
DATE(S): 01 , 01 , 10 - 12 , 31 , 10 AMT: \$ 420.00	DATE(S):			
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)			
DESCRIPTION: Airport Parking	DESCRIPTION:			
► NAME OF SOURCE	► NAME OF SOURCE			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
CITY AND STATE	CITY AND STATE			
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)			
DATE(S):	DATE(S):/ AMT: \$			
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income			
DESCRIPTION:	DESCRIPTION:			
Comments:				

Amendment to 2010 Annual

RECEIVEDEB

FEB 4 2011

(d)(5)

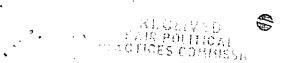
SCHEDULE C Income, Loans, & Business Positions

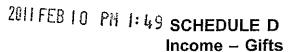
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Mike Davis

BY:	- Wille Davis
► 1. INCOMÉ RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
University of Southern California	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
University Park, Los Angeles, CA 90089	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
∑ \$500 - \$1,000	\$500 - \$1,000
S10,001 - \$100,000 DVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000 ☐ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
CONCIDED ATION FOR MANUAL IMPOUND AND PROFILED	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED STATEMENT Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
Sale of (Property, car, boat, etc.)	(Property, car, boal, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other Honorarium- MMM Health Care Reform	Other
(Describe)	. (Describe)
	H
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	RIOD
* You are not required to report loans from commercia	al lending institutions, or any indebtedness created as part
	le in the lender's regular course of business on terms
	your official status. Personal loans and loans received
not in a lender's regular course of business must be	
	4.00.000
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BOOKESO NOTITE IN THE CONTROL LEADER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	. Street dooress
\$500 - \$1,000	
S1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
(d)(5)	(Describe)
Comments:	Feb 4, 2011
COMBINETIAS.	









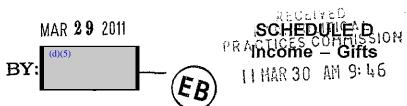
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mike Davis

► NAME OF SOURCE		► NAME OF SOURCE		
Shows Supreme Master TV ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE		Pacifica Institute		
		ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE		
08 , 13 , 10	5.00 Tiffany Water Pitcher	08,13,10 \$ 100.00	Frosted gold fruit bowl	
	· ·			
NAME OF SOURCE		► NAME OF SOURCE		
Maritime e				
ADDRESS (Business Address)	Acceptable)	ADDRESS (Business Address Accepta	ble)	
BUSINESS ACTIVITY, IF ANY,	OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
\$\$	·	\$		
\$		\$		
NAME OF SOURCE		NAME OF SOURCE		
ADDRESS (Business Address A	cceptable)	ADDRESS (Business Address Acceptat	ole)	
BUSINESS ACTIVITY, IF ANY, O	DF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOL	IRCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
/\$				
\$				
			William	

RECEIVED



* Reported originally as "CFEE".



AMENDMENT

► NAME OF SOURCE	► NAME OF SOURCE
Calif. Foundation for the Environment & Economy*	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Pier 35, Suite 202, San Francisco, CA 94133	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit 501(c)(3)	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
05 , 20 , 10	\$
	\$
	\$
➤ NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
	\$
► NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Print Name Assemblymember Mike Davis
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Office, Agency California Assembly District 48
	Statement Type X 2010/2011 Annual Assuming Leaving
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Annual Candidate
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
\$	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
\$	Date Signed 3/29/20]
	Signatu